

Name  
in  
Full

Elizabeth G. Allison ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <u>June</u>	Day <u>2</u>	Age <u>42</u>	Months <u>10</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth- place <u>Chesley Co. PA</u>		
Married, Single or Widowed <u>unmarried</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>John G. Allison</u>					
Father's Name <u>Jos. White</u>			Father's Birthplace <u>PA</u>		
Mother's Maiden Name <u>Elizabeth Maria Shaw</u>			Mother's Birthplace <u>PA</u>		
Name of person giving In formation <u>J. Frank Allison</u>			How related to deceased <u>Son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Epilepsy</u>	How long <u>7 days</u>
Immediate <u>Exhaustion - Convulsions</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. H. Stule</u>
<u>J</u>	Address <u>Cambridge Mass.</u>
Accident or Suicide?	

Carl Brundage <sup>Cambridge</sup> Charles Colby

Name in Full

Certificate of Death

Died at

John Bungan  
Pleasant

Town

County

Dor.

MARYLAND

Date 189

1903

Month

Day

6 - 10

Y.

M.

D.

Native of

Occupation

Age

48

Md

Laborer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of~~Wife~~

Father's

Name

Mattie Bungan  
Not Known

Mother's

~~Name~~

Not Known

Cause of

~~Primary~~

Heart Failure

How long sick

1 hour

Immediate

Accident, Suicide, Homicide

Reported by

Address

2

D. J. L. Sayers

E. Newmark

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name  
in  
Full

Edward Fitzgerald ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge, <sup>County</sup> Md.		Dorchester		MARYLAND	
Date of death 1903	Month June	Day 11	Age 28	Months	Days
Sex Male	Color or Race Black	Birth-place Md.			
Married, Single or Widowed	Married		Occupation Laborer		
Name of Wife or Husband Clara Clark					
Father's Name Isaac Fitzgerald			Father's Birthplace		
Mother's Maiden Name Mary Banks			Mother's Birthplace Cambridge		
Name of person giving information			How related to deceased Sister		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	27
Immediate	Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. E. Wolff M.D.	
Address		Cambridge Md.	
Accident or Suicide?		I	



Name  
in  
Full

Sarah Gibson ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Bonchreston</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>23</u>	Age <u>24</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Cornish</u>	Birth-place <u>Bon Co. Md.</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Charles Gibson</u>					
Father's Name <u>Elijah Fisher</u>			Father's Birthplace <u>Bon Co. Md.</u>		
Mother's Maiden Name <u>Not able to ascertain</u>			Mother's Birthplace		
Name of person giving information <u>Charles Gibson</u>			How related to deceased <u>husband</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Burns of 20-30 degree of trunk limbs</u>	How long <u>10 days</u>
Immediate <u>Exhaustion</u>	How long <u>167</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. Stuck</u> <u>M.D.</u>
<u>I</u>	Address <u>Cambridge Md</u>
Accident or Suicide?	





Name  
in  
Full

Wm. S. Hubbard -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died - <i>Cambridge</i>		Town		County <i>Worcester</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>15</i>	Age <i>40</i>	Years	Months <i>1</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Caroline Co. Md.</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>Willie S. Merick</i>							
Father's Name <i>Clement Hubbard</i>		Father's Birthplace <i>Caroline Co. Md.</i>					
Mother's Maiden Name <i>Eaton</i>		Mother's Birthplace <i>Caroline Co. Md.</i>					
Name of person giving information <i>O. W. Hubbard</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bright's Nephritis</i>	How long <i>1 year</i>
Immediate <i>acute heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Guy Steele</i>
<i>I</i>	Address <i>Cambridge Md.</i>
Accident or Suicide?	

Handwritten text: *Handwritten*

Name  
in  
Full

## CERTIFICATE OF DEATH

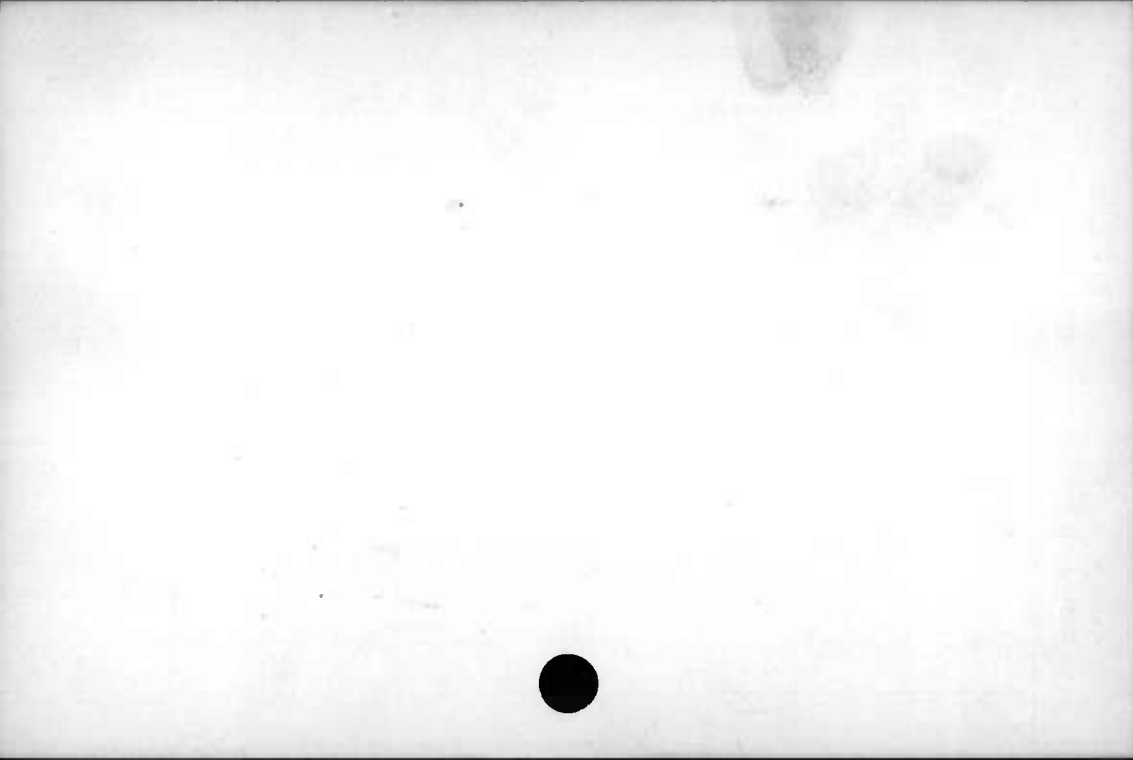
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Creek</i> <sup>Town</sup> <i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>12<sup>th</sup></i>	Age <i>71</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Caroline Co, Md</i>	Months <i>11</i> Days <i>9</i>
Married, Single or Widowed <i>Married</i>	Occupation <i>Cysterman</i>		
Name of Wife or <del>Husband</del> <i>Eliza A. Christopher Jester</i>			
Father's Name <i>Bennett Jester</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Bethenia Harding</i>	Mother's Birthplace <i>Caroline Co, Md</i>		
Name of person giving information <i>John R. Jester</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemiplegia - Left side</i>	How long <i>Seven years</i>
Immediate <i>Fourth attack - Total paralysis - Coma - Paralysis of muscles of Respiration</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Litchman, M.D.</i>
	Address <i>Church Creek, Md</i>
Accident or Suicide? <i>J</i>	



Name in Full		George Maddup				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Cambridge		Town		Dorchester	
		County				MARYLAND	
		Date of death 1903		Month June		Day 30	
		Age 35		Years		Months	
		Sex male		Color or Race		Black	
		Birth- place		Somerset Co Md			
		Married, Single or Widowed		Single		Occupation	
		Laborer					
Name of Wife or Husband		—					
Father's Name		George Maddup				Father's Birthplace	
Mother's Maiden Name		Hester Johnson				Mother's Birthplace	
Name of person giving In formation		R. J. Wilson				How related to deceased	
		None					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Malarial Fever				2 or 3 weeks	
		Immediate				How long	
		Heart Failure				a few minutes	
		Are the name, age, sex, color, date and place correctly given above?				Yes	
		Signature of Physician		B. W. Goldborough			
		Address		[Redacted]			
		Accident or Suicide?					



Chas. Moore

Died at <sup>Town</sup> Cambridge <sup>County</sup> Prince Georges MARYLAND

Date 1903 <sup>Month</sup> June <sup>Day</sup> 15 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup> Painter

<sup>Male</sup> <sup>White</sup> <sup>Married</sup> <sup>Widow</sup> <sup>Divorced</sup>

<sup>Female</sup> <sup>Colored</sup> <sup>Single</sup> <sup>Widower</sup> <sup>Number of children living</sup>

Husband of Gertrude Coleman

Father's Name — Mother's Maiden Name —

Cause of Death { Primary Consumption  
Immediate Exhaustion

How long sick 2 mos

Accident, Suicide, Homicide

Reported by John Mace

Address 9 Cambridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





infant all name

Town

County

MARYLAND

Died at near Memorial, Dorchester

Date 1903 June 6<sup>th</sup> Age 7

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Levin Pickett

Mother's

Maiden Name

Jucy Brown

Cause of Primary un known

How long sick

on week

Death Immediate

179  
Accident, Suicide, Homicide

Reported by Levin Pickett

Address Memorial Dorchester Co Geo H. McCreedy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bushy Head</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>June</i> <sup>Day</sup>	<i>9</i> <sup>Year</sup>	Age <i>18</i>	Months <i>3</i> Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>Anglo-Saxon</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Cystriman</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Wingate Pritchett</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Susan Virginia Lewis</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Susan V. Lewis</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cellulitis of Face</i>	How long <i>12 days</i>
Immediate <i>Pneumonia</i> <i>20</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. P. Jones</i>
	Address <i>6 Capt. Mld.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

H. Vernon C. Rea

## CERTIFICATE OF DEATH

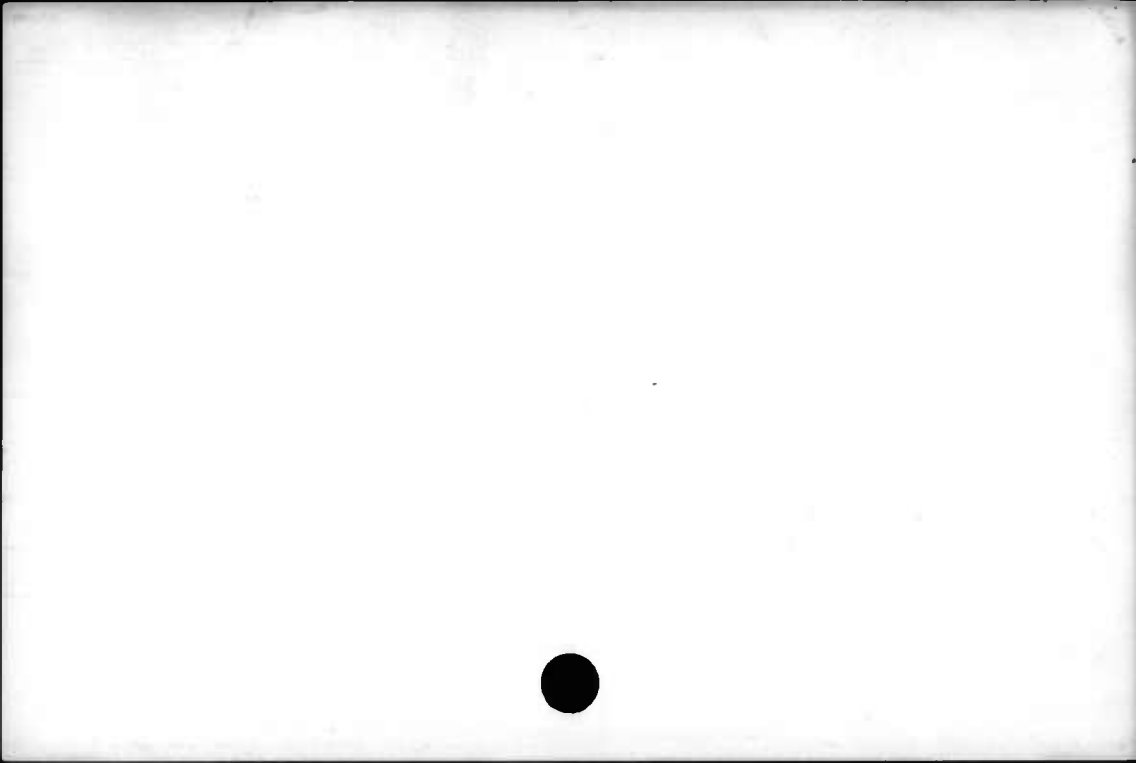
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>20</i>	Age <i>73</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Md</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Carpenter</i>				
Name of Wife or Husband <i>Susan L. Raleigh</i>							
Father's Name <i>H. Rea</i>			Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Mary Hunt</i>			Mother's Birthplace <i>Dorchester</i>				
Name of person giving information <i>Mr. H. V. C. Rea</i>			How related to deceased <i>Widow</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Some years</i>
Immediate <i>Paralysis</i>	How long <i>Some weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. G. L. Brown</i>
<i>9</i>	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Raymond Sampson  
 Town County  
 Died at Hawkeye Dorchester — MARYLAND  
 Date 189 1903 Month 6 Day 20 Y. 17 M. D. Native of Ind. Occupation Laborer  
 Male ~~Female~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

Husband  
of  
Wife

Father's Name Trisley Sampson Mother's Name Lina Sampson

Cause of Death { Primary Dysphoid Fever + How long sick 24 days  
 { Immediate Pneumococcus Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708





Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Data 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72898



Name  
in  
Full

Geo E Smith ✓

## CERTIFICATE OF DEATH

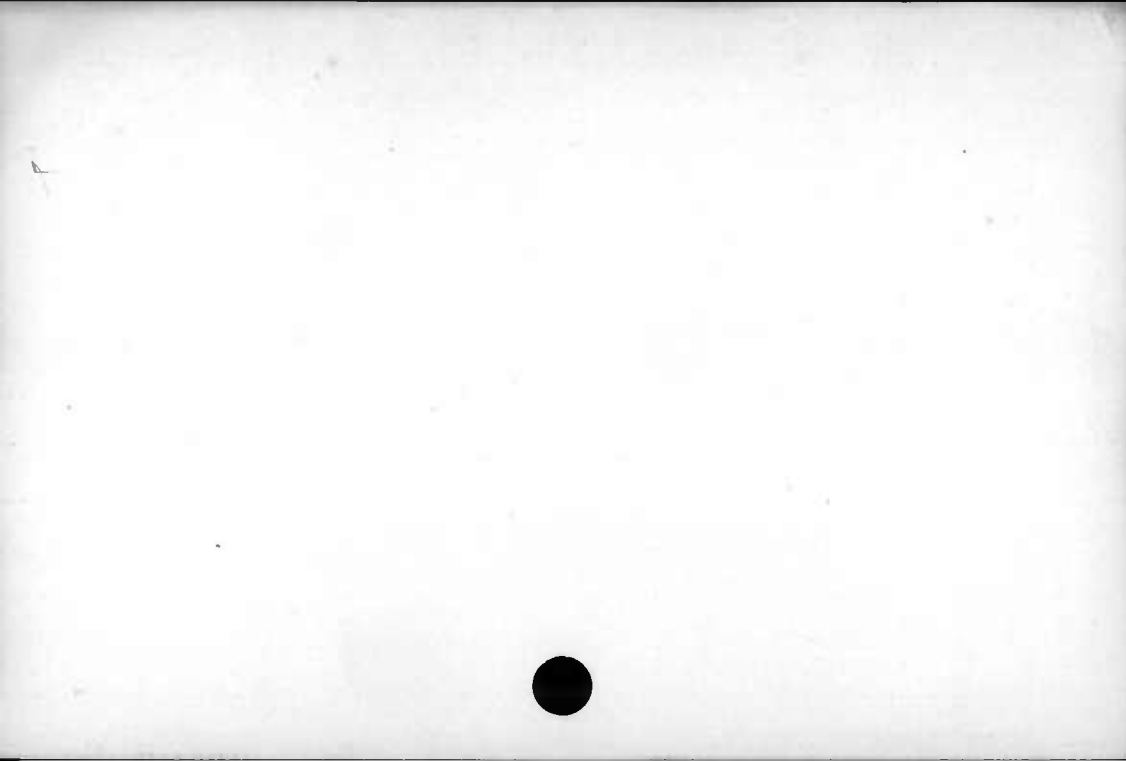
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>James</i> Town		<i>Borchester</i> County		MARYLAND	
Date of death	1903	Month	<i>June</i>	Day	<i>29</i>
Sex	<i>Male</i>	Color or Race	<i>W hite</i>	Age	<i>11</i>
Married, Single or Widowed			Months		
Occupation			Days		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>Sam R Smith</i>			<i>Canada</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Elizabeth A Spedden</i>			<i>James. Ind</i>		
Name of person giving information			How related to deceased		
<i>R. J. Rhea</i>			<i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Drowning</i>	How long	<i>172</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>S A Stokes</i>	
		Address	
		<i>R 75# 5 Cambridge</i>	
Accident or Suicide?			
<i>Accident</i>		<i>Ind</i>	



Name  
in  
Full

John W. Stanley ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Arisey</b> Town		<b>Dorchester</b> County		MARYLAND	
Date of death 190 <b>2</b>	Month <b>June</b>	Day <b>4</b>	Years <b>61</b>	Months	Days
Sex <b>Male</b>	Color or Race <b>Colored</b>	Birth-place <b>Wm. Co. Md</b>			
Married, Single or Widowed <b>Married</b>	Occupation <b>Farmer</b>				
Name of Wife or <del>Husband</del> <b>Martina Bazil</b>					
Father's Name <b>Wm. Stanley</b>		Father's Birthplace <b>Wm. Co.</b>			
Mother's Maiden Name <b>Mary Pinder</b>		Mother's Birthplace <b>Wm. Co.</b>			
Name of person giving information <b>Martina Stanley</b>		How related to deceased <b>Wife</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pulmonary Tuberculosis</b>	How long <b>3 years</b>
Immediate <b>Exhaustion</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Wm. Steele M.D.</b>
	Address <b>Cambridge Md</b>
Accident or Suicide? <b>2</b>	



Name  
in  
Full

Emma Stewart ✓

## CERTIFICATE OF DEATH

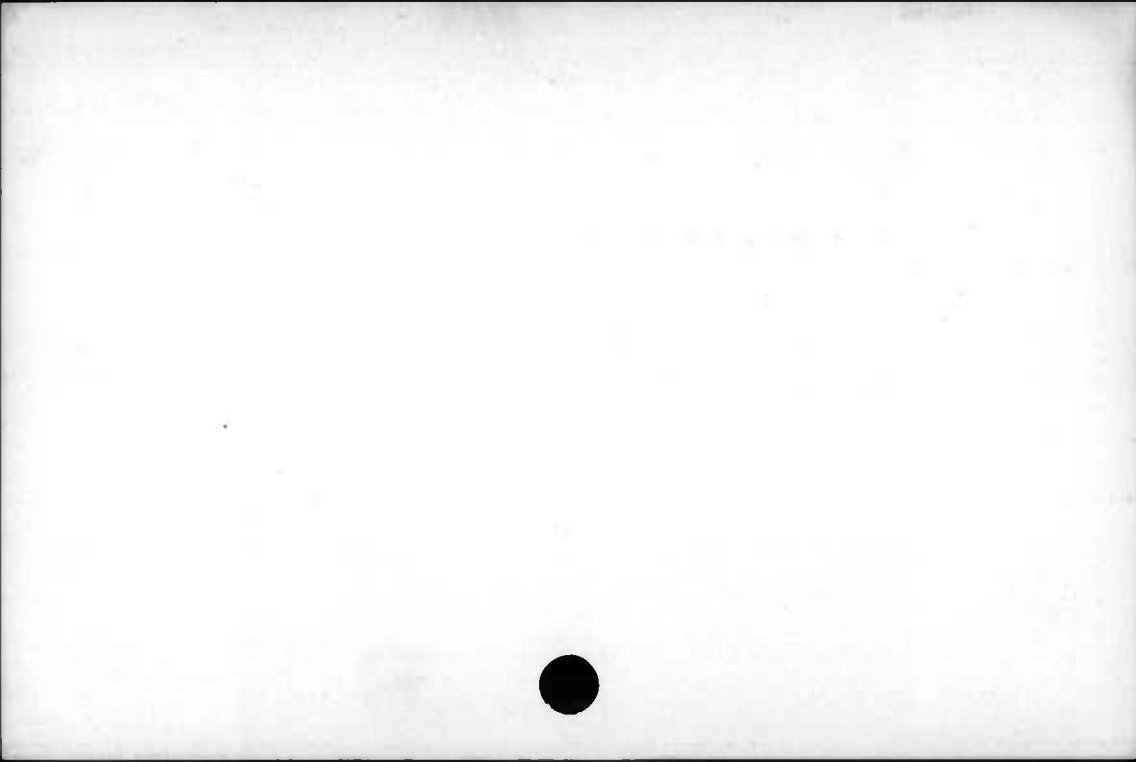
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Lakesville		<sup>County</sup> Donchester		MARYLAND	
Date of death 190	3	Month	June	Day	24
Age	31	Years		Months	12
Sex	Female	Color or Race	Anglo-Saxon	Birth-place	Maryland
Married, Single or Widowed	Married	Occupation	Housewife		
Name of <del>Wife</del> Husband	James Roland Stewart				
Father's Name	Jerome McKamara			Father's Birthplace	Maryland
Mother's Maiden Name	Cornelia Miter			Mother's Birthplace	Maryland
Name of person giving information	J. R. Stewart			How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Childbirth	How long	Seven days
Immediate	Puerperal fever	How long	Two days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. A. P. Jones
		Address	Leads, Md.
Accident or Suicide?	—		





Name  
in  
Full

James H. Clifton Thomas ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mechins Neck</i>		County <i>Dorchester Co.</i>		MARYLAND	
Date of death 190	3	Month <i>June</i>	Day <i>26<sup>th</sup></i>	Age <i>1</i>	Years <i>2</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co.</i>		
Married, Single or Widowed <i>Infant</i>		Occupation <i>None</i>			
<del>Name of Wife or Husband</del>					
Father's Name <i>Wm. J. Thomas</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mammie Sorrell</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Victoria Thomas</i>			How related to deceased <i>Grandmother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Unknown.</i>	How long <i>179</i>
Immediate <i>Unknown.</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Houston M.D.</i>
	Address <i>Fishing Creek</i>
Accident or Suicide? <i>Unknown</i>	



Name in Full

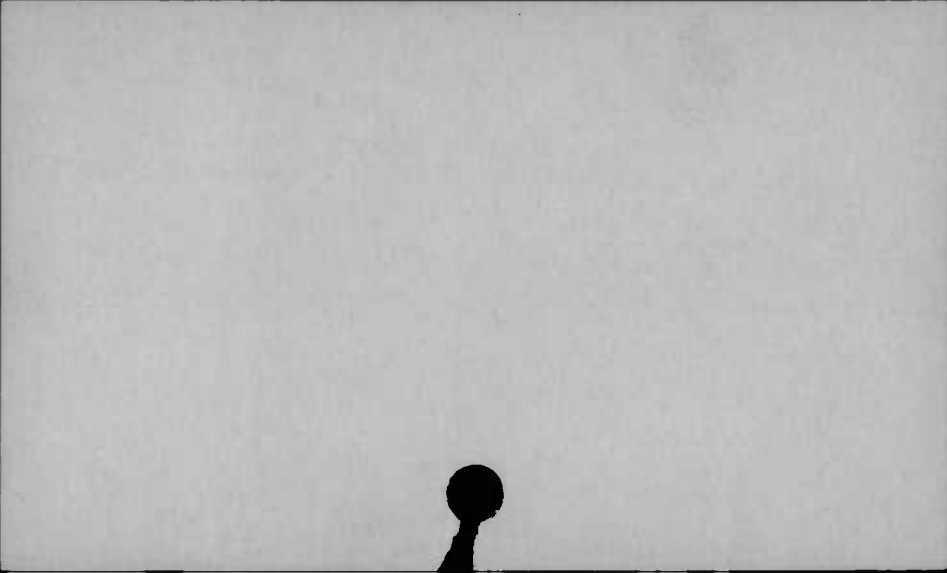
Certificate of Death

John R Thomas  
 Town County  
 Died at James Dorchester MARYLAND  
 Date 1903 Month Day Y. M. D. Age 31 Native of Maryland Occupation Farmer  
 Male White Married Widow ~~Divorced~~  
 Female Colored Single Widower Number of children living one

Husband of Mary Thomas  
 Wife  
 Father's Name Jno D Thomas Mother's Name Jane Thomas  
 Cause of Death Primary 166 How long sick  
 Immediate Gunshot wound of the brain Accident, ~~Swicide~~, ~~Homicide~~

Reported by Daniel L Moore Coroner  
 Address Cornersville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Samuel Travers Jr.

## CERTIFICATE OF DEATH

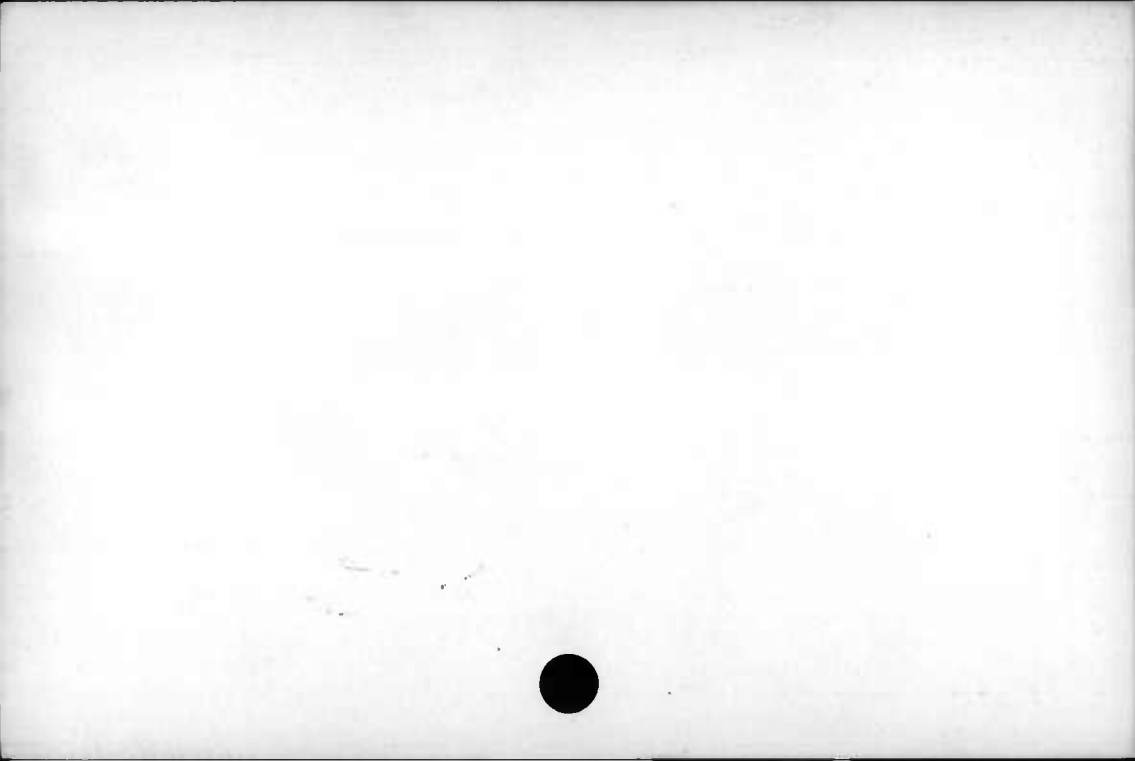
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Madison		County Dorchester		MARYLAND	
Date of death 1903	Month June	Day 14 <sup>th</sup>	Age 0	Years 0	Months 1	Days 15	
Sex Male	Color or Race White (?)		Birth- place Madison				
Married, Single or Widowed Infant		Occupation Infant					
Name of Wife or Husband Infant							
Father's Name William Roberts (Alleg.)				Father's Birthplace Don't Know			
Mother's Maiden Name Minnie Travers				Mother's Birthplace Dorchester, Md			
Name of person giving In formation Matilda Travers				How related to deceased Grand Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Croup	How long a few hours
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? Possibly	Signature of Physician Thomas Pickens Underaker
	Address Church Creek, Md
Accident or Suicide?	



Name in Full <b>John Truett</b> ✓		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Cambridge</b> Town		<b>Brookline</b> County
	Date of death 190 <b>3</b> Month <b>June</b> Day <b>9</b>		Age <b>63</b> Years Months <b>-</b> Days <b>-</b>
	Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>Wrl.</b>
	Married, Single or Widowed <b>widower</b>		Occupation <b>Blacksmith</b>
	Name of Wife or Husband <b>Daniella Brown</b>		
	Father's Name <b>Saml Truett</b>		Father's Birthplace <b>Wrl</b>
	Mother's Maiden Name <b>Mrs. Truett</b>		Mother's Birthplace <b>Wrl</b>
Name of person giving information <b>May Phillips 79</b>		How related to deceased <b>Daughter</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Natural heart disease</b>		How long <b>many years</b>
	Immediate <b>acute heart failure</b>		How long <b>-</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Ray Stule</b>
	Address <b>Cambridge mab.</b>		
Accident or Suicide?			





Name in Full

Certificate of Death

Thomas W. Vincent

not

Died at <sup>Town</sup> *Agema* <sup>County</sup> *Dorchester* *60* MARYLANDDate 19 *03* <sup>Month</sup> *June* <sup>Day</sup> *17* Age *74-3* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Native of Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband of *The Horiet A Vincent*Wife *don't* Mother's Name *don't*Cause of <sup>Primary</sup> *Paralysis* *179*Death <sup>Immediate</sup>

How long sick

*4 days*

Accident, Suicide, Homicide

Reported by *Thos A Vincent*Address *Agema Dor 60m* *Geo. W. Webbready*  
*undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John W. Wheeler ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u> <sup>Month</sup> <u>June</u> <sup>Day</sup> <u>19</u> <sup>Years</sup> <u>59</u>	Months		Days		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Dor Co Md</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Tap Collector</u>			
Name of Wife or Husband <u>Ledya J. Hubbard</u>					
Father's Name <u>Peter Wheeler</u>			Father's Birthplace <u>Dor Co Md</u>		
Mother's Maiden Name <u>Rebecca Wheeler</u>			Mother's Birthplace <u>Dor Co Md</u>		
Name of person giving In formation <u>John J. W. Wheeler</u>			How related to deceased <u>wife</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Bilious Colic</u>	How long <u>one hour about</u>
Immediate <u>Heart failure</u>	How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. L. Brown</u>
	Address <u>Cambridge Md</u>
Accident or Suicide?	



Nama In Full

Certificata of Daath

Amanda Whitney

Diad at <sup>Town</sup> Cambridge, <sup>County</sup> Dorchester, MARYLAND

Date 1903 June 8 | Age 50 - - | Native of Ind. | Occupation Domestic  
~~Male~~ White ~~Marriad~~ ~~Widow~~ ~~Divorced~~  
 Female Colored ~~Singla~~ ~~Widower~~ Number of childran living -

Husband of Steven Whitney  
 Wife

Father's Name John Jolly Mother's Name Nancy Jolly

Cause of Death { Primary Influenza 10 How long sick 8 weeks.  
 Immadiate Accident, Sulcide, Homicide

Reported by Wilbur A. Drake M.D.  
 Address Cambridge Dorchester Co.

Must be signed by physicien, if any in attendance, otherwise by coronar, undertaker or minister.



Name  
in  
Full

Estella Whittington ✓

## CERTIFICATE OF DEATH

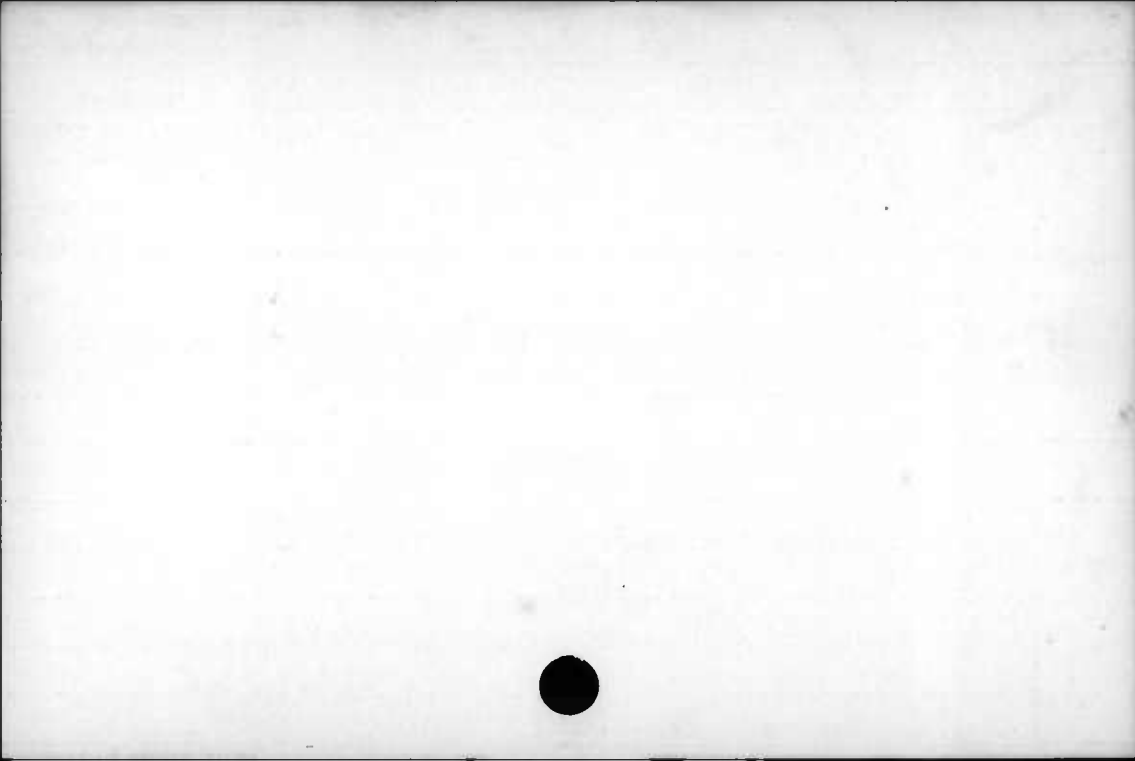
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Bordtown		Donkenton		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
		June	7	17		6	3
Sex	Female		Color or Race	Black		Birth-place	Md.
Married, Single or Widowed				Occupation			
Single.				Child			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Tom Whittington							
Mother's Maiden Name				Mother's Birthplace			
Susan Whittington							
Name of person giving information				How related to deceased			
				Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long
Immediate	Hemorrhage	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		E. E. Wolff M.D.
		Address
		Cambridge, Md.
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

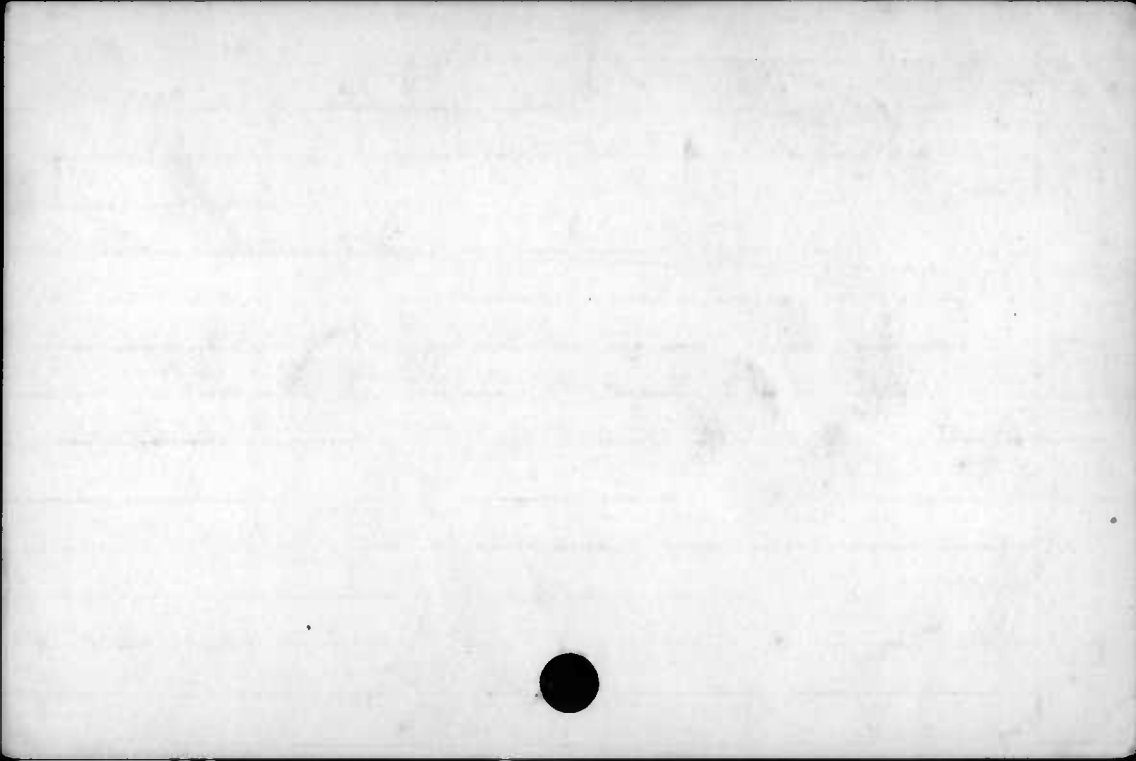
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Buckstown</i> <sup>Town</sup>		<i>Kearchester</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>11<sup>th</sup></i>	Age <i>—</i> Years	Months <i>9</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Kearchester Co. Md</i>			
Married, Single or Widowed <i>Infant</i>		Occupation			
Name of Wife or Husband <i>Infant</i>					
Father's Name <i>Medford Willey</i>			Father's Birthplace <i>Dor. Co. Md</i>		
Mother's Maiden Name <i>Nellie Gay Horseman</i>			Mother's Birthplace <i>Dor. Co. Md</i>		
Name of person giving information <i>Medford Willey</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	} <i>"Convulsions"</i> <i>All</i>	How long
Immediate		How long <i>About 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician <i>Undertaker, Howard Richardson</i>
		Address <i>Church Creek, Md.</i>
Accident or Suicide?		

